

**GREAT AMERICAN INSURANCE COMPANY**

**COMPREHENSIVE CREDIT INSURANCE POLICY  
LETTERS OF CREDIT COVERAGE  
APPLICATION**

1. Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

2. Name/Address/License No. of Insurance Agent/Broker : \_\_\_\_\_  
\_\_\_\_\_

3. Cover Requested:  Commercial & Political Risks  Political Risk Only  
4. Has this request been submitted to another insurer?  Yes  No

If yes, please provide the name(s) of the other insurer(s) and the status of the submission:  
\_\_\_\_\_

NOTE: IF COVERAGE IS REQUESTED ON MULTIPLE TRANSACTIONS / ISSUING BANKS, PLEASE ATTACH ADDITIONAL DETAILS AS NECESSARY IN ORDER TO ANSWER THE FOLLOWING QUESTIONS:

5. Name of Issuing Bank: \_\_\_\_\_  
Address: \_\_\_\_\_

6. Amount of Irrevocable Letter of Credit (ILC) : \_\_\_\_\_

7. Validity Period of ILC: \_\_\_\_\_

8. Repayment Terms of issuing bank obligation (e.g. sight, 180 days, etc.) : \_\_\_\_\_

9. If above Repayment Term is other than sight please indicate whether the obligation is an acceptance or deferred payment ILC or a refinancing of a sight ILC: \_\_\_\_\_

10. Description of Transaction:

a. Name and Address of Importer: \_\_\_\_\_  
\_\_\_\_\_

b. Product/Services: \_\_\_\_\_

c. Name and Address of Beneficiary: \_\_\_\_\_  
\_\_\_\_\_

d. Is the beneficiary also the exporter?  Yes  No

If no, please explain: \_\_\_\_\_

e. Country from which the product/services will be exported: \_\_\_\_\_

f. Country into which the products/services will be imported: \_\_\_\_\_

11. Have you or will you be confirming the ILC?  Yes  No

***If not, the transaction is not eligible.***

12. Will the ILC be subject to UCP 500?  Yes  No

If no, please explain: \_\_\_\_\_

13. Country in which the issuing bank obligation is payable: \_\_\_\_\_

14. Currency in which the issuing bank obligation is payable: \_\_\_\_\_

15. Detail of Credit Experience:

a. Number of years you have had a credit line with the issuing bank: \_\_\_\_\_

b. Existing credit lines:

<u>Type of Credit Line</u>	<u>Amt. of Credit Line</u>	<u>Outstanding Amount</u>	<u>Past Due Amount</u>
1) _____	\$ _____	\$ _____	\$ _____
2) _____	\$ _____	\$ _____	\$ _____
3) _____	\$ _____	\$ _____	\$ _____

c. Have there been any prior defaults, reschedulings, or payments received more than 30 days after the due date?  Yes  No

d. Are you aware of companies or other banks that are experiencing defaults, payment delays exceeding 30 days, or reschedulings with the issuing bank?  Yes  No

16. If you do not have an existing credit relationship with the issuing bank why are you considering entering into a relationship now? \_\_\_\_\_

17. If you do have an existing credit relationship, why do you want to insure this transaction? \_\_\_\_\_

18. Credit Limit requested: \_\_\_\_\_

19. Policy Period requested: \_\_\_\_\_ Attachment Period requested: \_\_\_\_\_

20. If a policy is issued, will the amounts insured under the policy be the only amounts owed by the issuing bank to you?  Yes  No

If no, please explain what other obligations may be outstanding during the policy period: \_\_\_\_\_

21. Please describe any collateral or other security (including compensating balances subject to offset) that you have or will have for either insured or uninsured obligations of the issuing bank. (If none, please state "None"):

22. Describe any direct or indirect ownership relationship which exists between you and the issuing bank. If no such relationship exists, please state "None": \_\_\_\_\_

NOTICE TO APPLICANTS:

This document will be a material basis of the insurance, and it will be attached to and made a part of the policy, if quotation is made and accepted. Information submitted will be treated as confidential.

INSURANCE FRAUD WARNINGS STATEMENT: Refer to attached Notice.

CERTIFICATION OF APPLICANT TO GREAT AMERICAN INSURANCE COMPANY:

OTHER INSURANCE: The applicant will not enter into or maintain any contract of insurance or indemnity with respect to any cause of loss covered by the Policy or loss chargeable to any deductible under the policy, without the insurer's consent in writing.

REPRESENTATIONS: The applicant certifies that the representations made in this application are true, to the best of its knowledge and belief, and that it has not misrepresented or omitted any material facts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Fraud Warning Statements Required by State Regulations: Notice To Applicants whose policy was issued in:

Arkansas / Louisiana - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purposes of defaulting or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

New Jersey - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon / Maryland - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Pennsylvania - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.